

IN THE UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF PUERTO RICO

Rafael Tormes Ortiz
Petitioner
USA
Respondent

Civil # 97-1618(JP)

MOTION TO PROCEED IN FORMA PAUPERIS
(Moción para Proceder en forma de Pobre)

I, the above-named petitioner declare under penalty of perjury that I am the petitioner in the above-entitled proceeding; that I am unable to pay the costs of said proceeding or give security thereof; that I believe I am entitled to redress; and that I believe I have a meritorious case.

(Yo, el peticionario de epígrafe, declaro bajo pena de perjurio que soy el peticionario en el caso antes mencionado; que no puedo pagar los costos de dicho procedimiento ni ofrecer garantía sobre el mismo; que considero tener derecho a un remedio y creo tener argumentos válidos.)

Wherefore, I hereby request to be allowed to proceed in forma pauperis, without prepayment of fees, costs or security thereof.

(POR TODO LO CUAL solicito se me permita proceder en forma de pobre, sin pago anticipado de cuotas, gastos o garantía de ellos.)

Date: 4-21-07
(Fecha:)

Rafael Tormes Ortiz
Petitioner - Peticionario

O R D E R

This motion is hereby _____.

At San Juan, Puerto Rico, this ____ day of _____ of 19__.

UNITED STATES DISTRICT JUDGE

- AL DORSO -

3
e -2-

4. Postal address:
(Dirección postal) NA
NA
NA
5. Telephone number:
(Número de teléfono) NA
6. Are you married?
(¿Está usted casado?) Yes No
Si No X
7. Name of spouse:
(Nombre del cónyuge) NA
- State/Country of spouse's domicile NA
(Estado/País de domicilio del cónyuge)
8. Petitioner's employment: Spouse's Employment
(Empleo del peticionario) (Empleo del cónyuge)
- Employer: Employer:
(Patrono) (Patrono)
NA NR
- Address: Address:
(Dirección) (Dirección)
NA NA
- Telephone: Telephone:
(Teléfono) (Teléfono)
NA NR
- Position: Position:
(Puesto) (Puesto)
NA NR
- Wage: Wage:
(Salario) (Salario)
\$ NA \$ NA
- NA Monthly (mensual) NA Monthly (mensual)
Weekly (semanal) Weekly (semanal)
9. If you are currently unemployed, state the date of your last employment and the monthly salary you were making.
(Si se encuentra actualmente desempleado, indique la fecha de su último empleo y el sueldo mensual que devengaba.)
NA \$ NA

1983
Page -3-

10. If your spouse is unemployed, state the date of last employment and the monthly wage.
(Si su cónyuge está desempleado, indique la fecha de su último empleo y el salario mensual.)

na \$ na

11. Have you or your spouse received any income from the following sources during the past twelve (12) months?
(¿Usted o su cónyuge recibieron ingresos durante los últimos doce meses de las siguientes fuentes?)

If the answer is yes, state the amount.
(Si la contestación es que sí, indique la cantidad.)

- a. Business, profession or self-employment:
(Negocio, profesion o trabajo por cuenta propia)

Yes _____ No _____ Amount : \$ na
Sí _____ No _____ Cantidad

- b. Pension, annuity or life insurance payments?
(Pago de pensiones, anualidades o seguro de vida)

Yes _____ No _____ Amount : \$ na
Sí _____ No _____ Cantidad

- c. Inheritances, donations or gifts?
(Herencias, donaciones o regalos)

Yes _____ No _____ Amount : \$ na
Sí _____ No _____ Cantidad

- d. Prizes in casino, lottery, horseracing games or other games of chance, etc.
(Premios en juegos de casino, lotería, carreras de caballo u otros juegos de azar, etc.)

Yes _____ No _____ Amount : \$ na
Sí _____ No _____ Cantidad

12. Other persons living in the same household:
(Otras personas que residen bajo el mismo techo)

Name (Nombre)	Age (Edad)	Relationship (Parentesco)	Employment (Empleo)	Wage (Salario)
\$				

na

1983
Page -4-

13. Do you or your spouse or any person living in the same household receive help from the government or from any other person?
(¿Usted o su cónyuge o alguna persona que vive bajo su mismo techo recibe ayuda gubernamental o de otra persona?)

Petitioner: (Peticionario)	Yes (Sí)	No (No)	Amount (Cantidad)
1. State Insurance (Fondo del Seguro del Estado)	_____	_____	\$ <u>na</u>
2. Unemployment (Desempleo)	_____	_____	\$ <u>na</u>
3. Retirement (Retiro)	_____	_____	\$ <u>na</u>
4. Pension (Pensión)	_____	_____	\$ <u>na</u>
5. Social Security (Seguro Social)	_____	_____	\$ <u>na</u>
6. Food stamps (Cupones)	_____	_____	\$ <u>na</u>
7. Other type of aid (Otro tipo de ayuda)	_____	_____	\$ <u>na</u>

Spouse:
(Cónyuge)

1. State Insurance (Fondo del Seguro)	_____	_____	\$ <u>na</u>
2. Unemployment (Desempleo)	_____	_____	\$ <u>na</u>
3. Retirement (Retiro)	_____	_____	\$ <u>na</u>
4. Pension (Pensión)	_____	_____	\$ <u>na</u>
5. Social Security (Seguro Social)	_____	_____	\$ <u>na</u>
6. Food stamps (Cupones)	_____	_____	\$ <u>na</u>
7. Other type of aid (Otro tipo de ayuda)	_____	_____	\$ <u>na</u>

Persons living in the same household:
(Personas que viven bajo el mismo techo)

1. State Insurance (Fondo del Seguro del Estado)	_____	_____	\$ <u>na</u>
2. Unemployment (Desempleo)	_____	_____	\$ <u>na</u>

1983
Page -5-

	Yes (Sí)	No (No)	Amount (Cantidad)
3. Retirement (Retiro)	_____	_____	\$ _____
4. Pension (Pensión)	_____	_____	\$ _____
5. Social Security (Seguro Social)	_____	_____	\$ _____
6. Food stamps (Cupones)	_____	_____	\$ _____
7. Other type of aid (Otro tipo de ayuda)	_____	_____	\$ _____

14. Dependents (If they have another address, state so)
(Dependientes: si la dirección es distinta de la suya,
hágallo constar)

<u>Name</u> (Nombre)	<u>Age</u> (Edad)	<u>Relationship</u> (Parentesco)	<u>Amount provided to support each one</u> (Cantidad aportada para su sustento)
-------------------------	----------------------	-------------------------------------	--

na

15. Do you own the place where you live? Yes No Yes
(¿Es propietario de la vivienda donde reside?) (Sí) (No)

If you are the owner, state:
(Si es propietario, indíquelo:)

Estimated value of the house \$ 119
(Valor estimado de la casa)

Capacity of the plot of land or farm
(Cabida del solar o finca) _____

Estimated value of the plot of land
(Valor estimado del solar o finca)

16. If you are not the owner of the place of residence,
state:
(Si no es propietario del lugar de residencia,
indíquelo:)

Name of the owner of the residence: 0000
(Nombre del propietario de la casa)

1983
Page -6-

Name of the owner of the plot of land: na
(Nombre del propietario del solar)

Lease payment \$ na
(Cánon de arrendamiento)

17. State if you own any other real estate property.
(Indique si posee otros bienes inmuebles.)

<u>Place</u> (Localización)	<u>Description</u> (Descripción)	<u>Estimated value</u> (Valor estimado)
		\$ <u>na</u>
		\$ <u>na</u>
		\$ <u>na</u>

18. State if you own any property such as jewels, stocks, bonds, notes, automobiles or any other valuable property. Exclude ordinary household furniture and clothing.
(Indique si posee bienes tales como joyas, acciones, bonos, pagarés, automóviles o alguna otra propiedad de valor. Excluya mobiliario corriente y ropa.)

<u>Description</u> (Descripción)	<u>Estimated value</u> (Valor estimado)
	\$ <u>na</u>
	\$ <u>na</u>

19. State if you possess any cash or any bank account.
(Indique si tiene dinero en efectivo o alguna cuenta de banco.)

Cash \$ na
(Dinero en efectivo)

Checking account, Bank: na
(Cuenta corriente, Banco)

Amount: \$ na
(Cantidad)

Savings account, Bank: na
(Cuenta de ahorros, Banco)

Amount: \$ na
(Cantidad)

1983

Page -7-

20. List all your obligations or debts, including banks, loan companies, credit accounts, etc.
(Enumere todas sus obligaciones o deudas, incluyendo bancos, compañías de préstamos, cuentas de crédito, etc.)

<u>Creditor</u> (Acreedor)	<u>Balance</u> (Balance)	<u>Monthly payment</u> (Pago mensual)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

21. List all your approximate monthly expenses.
(Enumere sus gastos mensuales aproximados.)

Food (Alimentos)	\$ _____
Clothing (Ropa)	\$ _____
Water (Agua)	\$ _____
Electricity (Luz)	\$ _____
Telephone (Teléfono)	\$ _____
Transportation (Transportación)	\$ _____
Others (Otros)	\$ _____

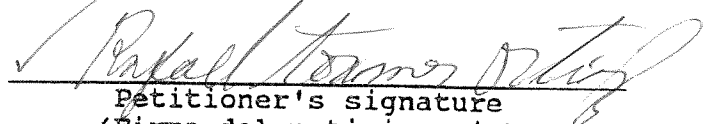
22. Debts or obligations of your spouse that are not included in item number 20.
(Deudas y obligaciones de su cónyuge que no estén incluidas en el encasillado número 20.)

<u>Creditor</u> (Acreedor)	<u>Balance</u> (Balance)	<u>Monthly payment</u> (Pago Mensual)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1983
Page -8-

I understand that any false statement or answer in this affidavit carries a penalty for perjury under the provisions of Title 18 USC, section 1621, and it can subject me to a prison sentence up to a maximum of five (5) years or a fine of up to a maximum of \$2,000.00, or both.

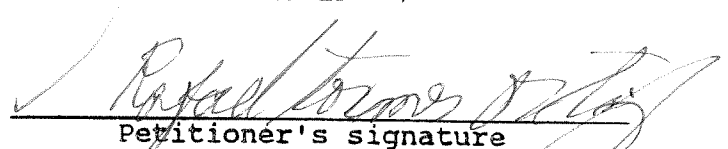
(Entiendo que cualquier afirmación o respuesta falsa en esta declaración conlleva pena de perjurio bajo las disposiciones del Título 18, Código de los Estados Unidos, sección 1621, y me puede exponer a una pena de prisión hasta un máximo de cinco (5) años o una multa hasta un máximo de \$2,000.00 o ambas penas.)


Petitioner's signature
(Firma del peticionario)

I declare under penalty of perjury that the foregoing is true and correct.

(Declaro bajo pena de perjurio que lo anterior es cierto y correcto.)

Signed this 21 of APRIL of 19 2007
(Firmado el _____ del mes de _____ de 19 ____)


Petitioner's signature
(Firma del peticionario)

Inmate Number # 44128-080
Número de Confinado _____

1983
Page -9-

PLEASE COMPLETE IN FULL THE NAME AND ADDRESS OF EACH DEFENDANT:
(Escriba el nombre completo y la dirección de cada demandado)

DEFENDANT'S NAME :
(Nombre del demandado)

DEFENDANT'S ADDRESS :
(Dirección del demandado)

All additional defendants' names and addresses:
(Nombre y dirección de los restantes demandados)

DO NOT WRITE BELOW THIS LINE (No escriba debajo de esta línea)

U. S. MARSHAL RETURN ON SERVICE

Executed this order by serving the within named

by handing to and leaving with

a true copy of this order on

U. S. Marshal

**Affidavit to Accompany
Motion for Leave to Appeal in Forma Pauperis**

OR# District Court No. 97-1618
Appeal No. 07-1268

v.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: Rafael Torres Ortiz

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 4-16-07

My issues on appeal are: *① Ineffective Assistance of counsel.
② Blakey/Booker ③ INVALID Indictment. ④ Sentencing enhancements
(2255 Petition) ④ Special Verdict Form Claim*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Self-employment	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Income from real property (such as rental income)	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>
Interest and dividends	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>	\$ <u>NA</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Alimony	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Child support	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Disability (such as social security, insurance payments)	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Unemployment payments	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Public-assistance (such as welfare)	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Other (specify): <u>Commissary</u>	\$ <u>120.00</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>
Total Monthly income:	\$ <u>120.00</u>	\$ <u>na</u>	\$ <u>na</u>	\$ <u>na</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>na</u>	<u>na</u>	<u>na</u>	<u>na</u>

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>na</u>	<u>na</u>	<u>na</u>	<u>na</u>

4. How much cash do you and your spouse have? \$ na

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>na</u>	<u>na</u>	\$ <u>na</u>	\$ <u>na</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

→ If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
<u>na</u>	<u>na</u>	Make & year: <u>na</u>
_____	_____	Model: <u>na</u>
_____	_____	Registration#: <u>na</u>
Motor Vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>na</u>	<u>na</u>	<u>na</u>
Model: <u>na</u>	<u>na</u>	<u>na</u>
Registration#: <u>na</u>	<u>na</u>	<u>na</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>na</u>	<u>na</u>	<u>na</u>
<u>na</u>	<u>na</u>	<u>na</u>
<u>na</u>	<u>na</u>	<u>na</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>na</u>	<u>na</u>	<u>na</u>
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>na</u>	\$ <u>na</u>
Are any real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ <u>na</u>	\$ <u>na</u>
Home maintenance (repairs and upkeep)	\$ <u>na</u>	\$ <u>na</u>
Food	\$ <u>na</u>	\$ <u>na</u>
Clothing	\$ <u>na</u>	\$ <u>na</u>
Laundry and dry-cleaning	\$ <u>na</u>	\$ <u>na</u>
Medical and dental expenses	\$ <u>na</u>	\$ <u>na</u>
Transportation (not including motor vehicle payments)	\$ <u>na</u>	\$ <u>na</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>na</u>	\$ <u>na</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>na</u>	\$ <u>na</u>
Homeowner's or renter's	\$ <u>na</u>	\$ <u>na</u>
Life	\$ <u>na</u>	\$ <u>na</u>
Health	\$ <u>na</u>	\$ <u>na</u>
Motor Vehicle	\$ <u>na</u>	\$ <u>na</u>
Other: _____	\$ <u>na</u>	\$ <u>na</u>
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ <u>na</u>	\$ <u>na</u>
Installment payments	\$ <u>na</u>	\$ <u>na</u>
Motor Vehicle	\$ <u>na</u>	\$ <u>na</u>
Credit card (name): _____	\$ <u>na</u>	\$ <u>na</u>
Department store (name): _____	\$ <u>na</u>	\$ <u>na</u>
Other: _____	\$ <u>na</u>	\$ <u>na</u>

Alimony, maintenance, and support paid to others	\$ <u>na</u>	\$ <u>na</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>na</u>	\$ <u>na</u>
Other (specify): _____	\$ _____	\$ _____
Total monthly expenses:	\$ <u>NA</u>	\$ <u>NA</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ X na

If yes, state the attorney's name, address, and telephone number:

na

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ na

If yes, state the person's name, address, and telephone number:

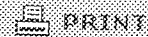
na

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I don't have all the money - all
I have is what is currently in
the acct and as money comes in

I could later apply towards those funds.
But please take into consideration that these funds are

Inmate Statement



Inmate Reg #: 44128080
 Inmate Name: ORTIZ, RAFAEL
 Report Date: 04/12/2007
 Report Time: 1:15:31 PM
 Current Institution: Florence ADX
 Housing Unit: FLM-K
 Living Quarters: K01-113L

Alpha		Reference#	Payment#	Receipt#	Transaction Type	Transaction	Encumbrance
Code	Date/Time					Amount	Amount Ending Balance
FLM	4/10/2007 10:27:01 AM	70180501			Lockbox - CD	\$120.00	\$440.51
FLM	4/10/2007 10:07:33 AM	10			Sales	(\$54.10)	\$320.51
FLM	4/4/2007 6:57:22 AM	3			Sales	(\$2.40)	\$374.61
FLM	4/3/2007 7:35:48 PM	ITS0403			Phone Withdrawal	(\$20.00)	\$377.01
FLM	4/2/2007 10:07:58 AM	44			Sales	(\$52.85)	\$397.01
FLM	3/21/2007 3:32:04 PM		3480		Donation	(\$25.00)	\$449.86
FLM	3/21/2007 6:51:54 AM	1			Sales	(\$2.70)	\$474.86
FLM	3/20/2007 5:04:47 AM	70179001			Lockbox - CD	\$120.00	\$477.56
FLM	3/19/2007 10:16:35 AM	13			Sales	(\$38.35)	\$357.56
FLM	3/15/2007 7:32:31 PM	ITS0315			Phone Withdrawal	(\$10.00)	\$395.91
FLM	3/14/2007 6:45:27 AM	1			Sales	(\$6.20)	\$405.91
FLM	3/12/2007 12:00:26 PM	30			Sales	(\$40.35)	\$412.11
FLM	3/9/2007 5:03:45 AM	70178301			Lockbox - CD	\$100.00	\$452.46
FLM	3/7/2007 7:13:51 AM	2			Sales	(\$3.15)	\$352.46
FLM	3/7/2007 7:12:04 AM	1			Sales	(\$11.20)	\$355.61
FLM	3/6/2007 5:01:37 AM	70178001			Lockbox - CD	\$50.00	\$366.81
FLM	3/5/2007 10:15:25 AM	15			Sales	(\$31.10)	\$316.81
FLM	3/1/2007 6:49:23 PM	ITS0301			Phone Withdrawal	(\$20.00)	\$347.91
FLM	2/26/2007 10:26:27 AM	13			Sales	(\$25.70)	\$367.91
FLM	2/20/2007 11:32:31 AM	67			Sales	(\$29.75)	\$393.61
FLM	2/14/2007 7:49:40 AM	1			Sales	\$1.00	\$423.36
FLM	2/12/2007 9:21:15 AM	34			Sales	(\$26.70)	\$422.36
FLM	2/11/2007 5:04:27 AM	70176502			Lockbox - CD	\$120.00	\$449.06
FLM	2/7/2007 7:38:00 AM	2			Sales	(\$3.30)	\$329.06
FLM	2/5/2007 10:04:33 AM	22			Sales	(\$39.70)	\$332.36
FLM	2/1/2007 8:15:16 AM		3350		Donation	(\$25.00)	\$372.06
FLM	1/31/2007 6:42:05 AM	1			Sales	(\$10.40)	\$397.06
FLM	1/29/2007 9:02:47 AM	37			Sales	(\$28.10)	\$407.46
FLM	1/24/2007 8:21:40 AM	14			Sales	(\$3.50)	\$435.56
FLM	1/22/2007 9:04:50 AM	24			Sales	(\$25.05)	\$439.06
FLM	1/17/2007 8:29:17 AM	4			Sales	(\$3.55)	\$464.11
FLM	1/16/2007 7:14:26 PM	ITS0116			Phone Withdrawal	(\$20.00)	\$467.66
FLM	1/16/2007 2:13:24 PM	17			Sales	(\$34.45)	\$487.66

PS 182

AUTHORIZED BY THE ACT OF JULY 27,
 1955, TO ADMINISTER OATHS (18 U.S.C. 4004)
 Case manager

FLM	1/16/2007	70174604	Lockbox - CD	\$120.00	\$522.11
	5:01:06 AM				
FLM	1/12/2007	70174501	Lockbox - CD	\$50.00	\$402.11
	5:07:11 AM				
FLM	1/8/2007	56	Sales	(\$45.80)	\$352.11
	11:43:18 AM				
FLM	12/29/2006	133	Sales	(\$49.75)	\$397.91
	11:47:34 AM				
FLM	12/18/2006	55	Sales	(\$42.00)	\$447.66
	11:46:05 AM				
FLM	12/15/2006	70172701	Lockbox - CD	\$120.00	\$489.66
	5:04:31 AM				
FLM	12/11/2006	6	Sales	(\$49.85)	\$369.66
	12:13:13 PM				
FLM	12/8/2006	ITS1208	Phone Withdrawal	(\$10.00)	\$419.51
	12:52:15 PM				
FLM	12/4/2006	37	Sales	(\$51.50)	\$429.51
	8:56:40 AM				
FLM	11/27/2006	43	Sales	(\$21.00)	\$481.01
	11:10:06 AM				
FLM	11/21/2006	70171001	Lockbox - CD	\$100.00	\$502.01
	5:12:45 AM				
FLM	11/20/2006	ITS1120	Phone Withdrawal	(\$20.00)	\$402.01
	6:33:50 PM				
FLM	11/20/2006	24	Sales	(\$37.15)	\$422.01
	11:23:49 AM				
FLM	11/14/2006	70170501	Lockbox - CD	\$120.00	\$459.16
	5:13:20 AM				
FLM	11/13/2006	34	Sales	(\$32.50)	\$339.16
	10:29:06 AM				
FLM	11/13/2006	33	Sales	(\$47.45)	\$371.66
	10:27:45 AM				
FLM	11/7/2006	3112	Donation	(\$25.00)	\$419.11
	8:26:08 AM				

12

Total Transactions: 76

Totals: (\$269.20) \$0.00

Current Balances

<u>Alpha Code</u>	<u>Available Balance</u>	<u>Pre-Release Balance</u>	<u>Debt Encumbrance</u>	<u>SPO Encumbrance</u>	<u>Other Encumbrance</u>	<u>Outstanding Instruments</u>	<u>Administrative Holds</u>	<u>Account Balance</u>
FLM	\$440.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$440.51
Totals:	\$440.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$440.51

Case manager
KFLUCH / KFLUCH
AUTHORIZED BY THE ACT OF JULY 27,
1955, TO ADMINISTER OATHS (18 U.S.C. 4004)
ADx Florence, Colorado
Pg 2 of 2